

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90104 035 ****61.25

DOCUMENT # N97000003282

1. Entity Name

TOWN 'N COUNTRY OPTIMIST CLUB, INC.



Principal Place of Business

**8025 JACKSON SPRINGS ROAD
TAMPA FL 33615**

Mailing Address

**P.O. BOX 261685
TAMPA FL 33685**

90019966



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4072143**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENNETT, GERALDINA G
8025 JACKSON SPRINGS ROAD
TAMPA FL 33615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Delete
SHORT, GENIE
STREET ADDRESS **6843 CIRCLE CREEK DR.**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE NAME ☒ Change ☐ Addition
President Naomi Katz
STREET ADDRESS **8403 Boxwood Ct**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE NAME ☐ Delete
VPT VENNETT, GERALDINA G
STREET ADDRESS **8025 JACKSON SPRINGS ROAD**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE NAME ☐ Change ☐ Addition
VP Vennett, Geraldina G
STREET ADDRESS **8025 Jackson Springs Road**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE NAME ☐ Delete
VP JACOBS, GERALD
STREET ADDRESS **7716 BERETTON WOOD DR.**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE NAME ☒ Change ☒ Addition
Secretary Deanna Katz
STREET ADDRESS **7113 Larimar Ct**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE NAME ☐ Delete
D SPERLAZZA, SAL G
STREET ADDRESS **2717 BRATTLE LANE**
CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE NAME ☐ Change ☐ Addition
D Sperlazz, Sal G
STREET ADDRESS **2717 Brattle Lane**
CITY-ST-ZIP **Clearwater, FL 34621**

TITLE NAME ☐ Delete
D VASQUEZ, EVELYN
STREET ADDRESS **7017 WESTMINSTER STREET**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE NAME ☐ Change ☐ Addition
D Vasquez, Evelyn
STREET ADDRESS **7017 Westminister Street**
CITY-ST-ZIP **Tampa, FL 33635**

TITLE NAME ☐ Delete
D MONTELEONE, CARMELO
STREET ADDRESS **12808 HOLLOWAY ROAD**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE NAME ☐ Change ☐ Addition
D Monteleone, Carmelo
STREET ADDRESS **12808 Holloway Road**
CITY-ST-ZIP **Tampa, FL 33625**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

CR2E037 (10/02)